

MAINE INDIVIDUAL INCOME TAX 1040ME LONG FORM

____/ ____/ _0.5 to ____/ ____/

0502100

	only s	ľ	Your First Name	MI	Your Last	Name				You i			TANT! our SSN	(s) belo	W.
	STEP 1 Black Ink, Using Uppercase Letters Only NOT USE RED INK	li	Spouse's First Name	MI	Spouse's	Last Name			Yo	ur Soc	cial Sec	curity N	lumber		
	ase	ŀ							_						
URN.	Jpperd	H	Mailing Address (PO Box			Sp				rity Num					
RET	ng U						Hom		ne Num						
OUR	Ink, Usi														
Ŧ	SK In F	li	City		State	Zip Code			Work	Phon	e Num				
PE W	r Black														
ELOI	Blue or E		NOTE: If either spouse is deceased, enter the date of death on the back of this page in the spaces provided above the signature area.												
EN	y in E	1	1 Maine Clean Election Fund – (See instructions on page 6.) NOTE: Checking												
Ë	Print Neatly in		the box will <u>not</u> increase y	YES NO	YES NO COMMERCIAL FARMING OR FISHING										
MSIN	Print		Do you want \$3 to go to this fund					ing 2005. (See Instructions)							
FOR			FILING ST			90 10 1110 14114 .	RESIDENCY STAT	T US (Ch	eck one)	12 (CHECK	IF:	You	Spo	use
1099	STEP 2 Filing and Residency Status, Number of Exemptions	3	S ingle	`	,			(-	,				were		<u>as</u>
2 OR	ency	5	Married filing joint retuMarried filing separa	8 Resident9 Part-Year	nt	ot 65 or over12a									
D W-	STEP 2 nd Resid	ľ	security number and	pouse s social	10 Nonreside		110					12c			
RAN	STI and I	6	Head of household (With qualifying person)				11 Nonreside	ent A lier	n	Blind	1		12b	12d	
)RDE	iling	7	Qualifying widow(er) v (Year spouse died				40 Falantha TO	TA1			IDT/OA	10 -1-1			
√Eγ Ω	Your F		Composite (Pass-thro				13 Enter the TC your federal								
MOI		14	FEDERAL ADJUSTED	GROSS	INCOME. (See instructions	on page 6 for								
X OF		'	line references to federa to the left of the number	I forme	If nogative	ontor a minus	cian in the hov	14 —		#					
ETURN. ENCLOSE CHECK OR MONEY ORDER AND W-2 OR 1099 FORMS IN THE ENVELOPE WITH YOUR RETURN.		15	INCOME MODIFICATIO	NS . (Fro	om Schedul	e 1, line 3. If n e	egative, enter a								
OSE	STEP 3 Calculate Your Taxable Income	16	MAINE ADJUSTED GR	oss inc	COMF (Lin	e 14 plus or mir	us line 15								
ENCI	STEP 3 lculate Yo able Inco	L	If negative, enter a min	us sign	in the box	to the left of th	e number.)	16		,				•_	
JRN.	S Calc Taxal	17	DEDUCTION. Sta	andard (S	See Instruct	ions on page 6)		17 _		#					
α						ule 2, line 7)									
OUR		18 EXEMPTION. Multiply the number of exemptions on line 13 by \$2,850													
_ 0 1		19	sign in the box to the le							_ ,					
DO NOT STAPLE OR TAPE FORMS TO YOUR		20	INCOME TAX. (Find the	tax for t	the amount	on line 19 in th	e tax table on	20							
			pages 31-35 or compute (If line 19 is negative, er			tax rate schedu	lie on page 35)	20		,					
		21	TAX ADDITIONS. (From	m Maine	Schedule A	A, line 4.)		21 _		,					ш
	r Tax s	22	LOW-INCOME TAX CR credit, you must file a re	ou qualify for this nd.)				22							
T STA	STEP 4 culate Your and Credits	23	TOTAL TAX. (Line 20 p	lus line 2	21 minus lin	e 22)		23		La		14		1.	
DO NO	STEP 4 Calculate Your and Credits		TAX CREDITS. (From M												
	S		NONRESIDENT CREDIT	(For no	nresidents a	and part-year res	sidents only) (From								
			Schedule NR, line 9 or NR				ŕ								
		26	NET TAX. (Subtract lines	24 and 2	25 from line	23) (Nonresiden	s see instructions).	26 _							

2005 1040ME LONG FORM

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		Page 2			,									
	27	Amount from line 26. (NET TAX) If less than zero, enter zero here 27				 50	 210	 1*		00				
S	28	TAX PAYMENTS. a Maine Income Tax Withheld. (Enclose W-2, 1099 and 1099ME forms)	. ⇒ 28a		, , <u>, , , , , , , , , , , , , , , , , </u>		_,_							
STEP 5 Your Tax Payments Refundable Credit		b 2005 Estimated Tax Payments and 2004 Credit Carried Forward. (Nonresidents: Include any REAL ESTATE WITHHOLDING Tax Payments).	28b		7		,			·				
STEP (c Extension payment	28c											
S Enter You and Refu		d Refundable child care credit. Enclose the Child Care Credit Worksheet. Enter amount from the Child Care Credit Worksheet, line 5 on page 22	28d _		7									
ш		e TOTAL (Add lines 28a, b, c, and d)	28e				14							
			200											
Fax and utions		INCOME TAX OVERPAID. If line 28e is larger than line 27, enter amount overpaid (Line 28e minus line 27)	29		J 1		,				ш			
STEP 6 Calculate Your Use Tax and Voluntary Contributions	30	INCOME TAX UNDERPAID. If line 27 is larger than line 28e, enter amount underpaid (Line 27 minus line 28e)	30		5 <u></u>		,				ш			
Siulate Y	31	USE TAX (SALES TAX). (See Instructions.)	31							•				
Sag V	32	VOLUNTARY CONTRIBUTIONS and PARK PASSES. (From Schedule CP, line 12)	32											
		NET OVERPAYMENT. (Line 29 minus lines 31 and 32) – NOTE: If total of lines 31 and 32 is greater than line 29, enter as amount due on line 35a below			, ,					•				
	34	Amount to be CREDITED to 2006 estimated tax 34a REFUN	D 34b											
TAX DUE	to 2006 estimated tax 34a													
STEP 7		Direct 34c Routing Number*				е Туре				Chec	-			
ST EFUN	*Fo	Deposit 34d Account Number* or NextGen Accounts, enter 043000261 on line 34c and the Account Participan							ld.	Savir	ngs Gen®			
STEP 7 Your REFUND or TAX	35 a TAX DUE. (Add lines 30, 31, and 32) - NOTE: If total of lines 31 and 32 is greater than line 29, enter the difference as an amount due on line 35a 35a													
		b Underpayment Penalty (Attach Form 2210ME) Check here if you checked the box on Form 2210, line 17	35b _				,			•				
	c TOTAL AMOUNT DUE. (Add lines 35a and 35b) (Pay in full with return) EZ PAY at www.maine.gov/revenue or ENCLOSE CHECK payable to: Treasurer, State of Maine. Include your social security number on your check to receive proper													
	A N	credit on your account. DO NOT SEND CASH	35c		, , <u>, , , , , , , , , , , , , , , , , </u>		_,_		ш					
	3	6 FOR MAINE RESIDENTS ONLY: Check this box if you would like to receive a 2006 Ma See instructions on page 8 for information about the Tax and Rent Program. IN AUGUST 2006 unless your income on line 16 exceeds the income limit	THE A	PPLIC/	TIÓN W									
		ting and postage costs, if you file your return electronically or have your return ms and instructions mailed to you next year, check box at right.								=	• 🔲			
IMPORTANT NOTE If taxpayer is deceased, (Month) (Day) (Year) enter date of death. If spouse is deceased, (Month) (Day) (Year) enter date of death.														
Third Par Designee	•	Do you want to allow another person to discuss this return with Maine Revenue Designee's name Phone no. ()	e Servic	es?	`	omplete			ng).	No).			
		• • • • • • • • • • • • • • • • • • • •								1 1				
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.														
SIGN HERE Keep a)	YOUR SIGNATURE DATE SIGNED		_	YOUR	OCCUPATI	ON							
copy of this return		SPOUSE'S SIGNATURE (IF JOINT RETURN, BOTH MUST SIGN) DATE SIGNED			SPOUS	E'S OCCUI	PATION	I		_				
for your records Paid		PREPARER'S SIGNATURE DATE			PREPAI	RER'S PHO	NE NU	IMBER		_				
Preparer's Use		PRINT PREPARER'S NAME and NAME OF BUSINESS			PREPAR	RER'S SSN	or PTI I	N	1		ı			

If requesting a <u>REFUND</u>, mail to: Maine Revenue Services, P.O. Box 9111, Augusta, ME 04332-9111

If <u>NOT</u> requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067

DO NOT SEND PHOTOCOPIES OF RETURNS